	De C 8 2094							99/478006						
		· CLAIMS		S FILED - PART ((Column 1)		(Column 2)		SMALL ENTITY			OTHER THAN		RTHAN	
ı	TOTAL CLAIMS					(00.0.1-12)						SMALL	ENTITY	
-	FOR'			NUMBER FILED		NUMBER EXTRA		RAT	-	FEE	-	RATE	FEE	
	TOTAL CHARGEABLE CLAIMS					AHIX3 N30MON		BASIC	-	385.00) of	BASIC FEI	770.00	
	INDEPENDENT CLAIMS			minus 20=				XS 9	-		OF	XS18=	1	
	MULTIPLE DEPENDENT CLAIM PR			minus 3 =				X43:	.		OF	X86=	1	
		PENDENT CLAIM	PRESENT					+145			1			
	• II the differe	nce in column 1	is less tha	less than zero, enter		"0" in column 2		TOTA	-		JOR	L		
1	CLAIMS AS AMENDED - PART II								L		OH	TOTAL	L.,	
		(Column 1	(Column 2) (Column 3)				SMALL ENTITY			OR	OTHER THAN SMALL ENTITY			
	2	CLAIMS REMAINING		HIGHE	ST		lr		-	ADDI-	7		ADDI-	
	Z	AFTER .	1	PREVIOL PAID F		JSLY EXTRA		RATE				RATE	TIONAL	
AMENDMENT	Total	. 47	Minus	- 54		= 0	lt	Vear	+	FEE .			FEE	
	Independen	1. 25	Minus	2	-	- 0	-	X\$25=	╀	_	QR	X\$ 50=		
	FIRST PRE	SENTATION OF M	AULTIPLE C	EPENDENT C	LAIN			X100 =	1	-	OR	X200=	1000	
					÷			- 180.=			OR	+360=		
	0.0=6.6								-		OR	TOTAL 40017, FEE		
_	12505	(Column 1)		(Column	2)	(Column 3)	~	DDIT. FEE	_			WOII. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGHES	R I	PRESENT	[RATE	A	ODI- ONAL FEE	ſ		ADDI-	
		AFTER AMENOMENT		PREVIOUS PAID FO		EXTRA						RATE	TIONAL FEE	
QN	Total	. 41	Minus	-50		= 0		X\$25=	1		OR	X\$50.=	1,66	
AME	Independent	1.21	Minus	2		- 0		 XIØ=	十			X200=		
<u> </u>	FIRST PRESI	ENTATION OF MI	JLTIPLE DE	PENDENT CL	AIM		-	746-			OR	×200=	·	
			·			•	Ŀ	180=			OR	+360=	•	
							ADO	TOTAL DIT. FEE			OR A	TOTAL DOIT, FEEL		
7		(Column 1)		(Column 2	_	(Column 3)				•	-			
	•	REMAINING AFTER	_	HIGHEST		PRESENT				DI-	ſ		ADDI-	
MEN		AMENDMENT	·	PREVIOUSE PAID FOR	·	EXTRA	F	ATE		NAL		RATE	TIONAL FEE	
MEN	Total	•	Minus	**		=	X	\$25=			DR	XSES=		
	Independent		Minus	***		=	—	100=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		°	P	X200=		
ef (If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.									c	PA	+360=		
If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 70. ADDIT FEE														
T	re "Highest Numb	per Previously Paid	For (Total or	Independent) is	the h	s, emer "3," ighest number fo	und in	the app	ropria	sle box ir	colun	nn 1,		

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